INSTRUCTIONS FOR COMPLETING THE A-19 VOUCHER FORM

| Number 1 | These numbers will be pre-filled by Commerce |
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| Number 2 | Grantee's name and address, and Statewide Vendor number (SWV) will be pre-filled b Commerce |
| Number 3 | Obtain original signature of the individual authorized to sign vouchers. |
| Number 4 | Type local official's title and date of signing |
| Number 5 | Type in this payment request's reporting period |
| Number 6 | This number will be pre-filled by Commerce |
| Number 7 | The budget code & description will be pre-filled by Commerce |
| Number 8 | The total grant award will be pre-filled by Commerce |
| Number 9 | Type in the total amount of ALL previous requests for this line of the budget (activity). |
| Number 10 | Type in the amount of this request |
| Number 11 | Type in the remaining amount for this budget/activity. Subtract #9 & #10 from #8. |
| Number 12 | If applicable, type in Program Income description earned since last request. Enter the amount as a negative amount in the "amount this invoice" column. |
| Number 13 | Type in the total amount requested from all budget/activities |